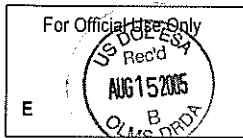


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6296</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Raymond</u> <u>N</u> <u>Valentine</u> P.O. Box, Bldg., Room No., if any Street <u>2807 1st Street</u> City <u>Sparrows Point</u> State <u>Maryland</u> ZIP Code + 4 <u>21219-1621</u>	4. Name, file number, and address of labor organization. Name <u>Teamster Local Union NO. 570</u> Labor Organization File Number <u>027-440</u> P.O. Box, Building and Room Number, if any Street <u>6910 Eastern Avenue</u> City <u>Baltimore</u> State <u>Maryland</u> ZIP Code + 4 <u>21224-3101</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Teamster Local Union NO. 570</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>6910 Eastern Avenue</u> City <u>Baltimore</u> State <u>Maryland</u> ZIP Code + 4 <u>21224-3101</u>	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Raymond N Valentine

On

8/12/2005

Date

410-284-5081

Telephone Number

Name of Person Filing <b>Raymond Valentine</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Blue Cross/Blue Shield</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>10455 Mill Run Circle</b></p> <p>City <b>Owings Mills</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>21117-5559</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>Warehouse Local 570 Health &amp; Welfare</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>1005 North Point Blvd Suite 726</b></p> <p>City <b>Baltimore</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>21224</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Broker for health fund</b></p>  <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$420</b></span></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Received baseball tickets for three (3) different games in sets of four (4). Total value of each ticket was \$35.00</b></p>  <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$420</b></span></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>None</b></p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/></p>

Name of Person Filing <b>Raymond Valentine</b>	File Number <b>U-</b>
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Local 463 Annuity Fund</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>P O Bx 470 Davis Rd &amp; Oakwood Lane</b></p> <p>City <b>Valley Forge</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>19482</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>NONE</b></p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Annuity Fund for members.</b></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$258</b></span></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Reimbursed meeting expenses that I charged to my personal credit card.</b></p>
	<p><b>12.b. Amount.</b> <span style="float: right;"><b>\$258</b></span></p>